

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			12/27
FORMALITY REVIEW	WM	869	01-29-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	11/2/02 3/12/03 8/6/03 4/4/04
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Claim	Date
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Claim	Date
Final Original	11/2/02 3/12/03 8/6/03 4/4/04
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If more than 150 claims or 10 actions  
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INDEX OF CLAIMS

✓ Rejected - (Through numeral) ... Canceled N ..... Non-elected A ..... Appeal  
= Allowed + ..... Restricted I ..... Interference O ..... Objected

Claim		Date	
Final	Original		
	151	3/12/03	
	152	8/6/05	
	153	2/17/04	
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Claim		Date	
Final	Original		
	201	3/12/03	
	202	2/18/03	
	203	1/5/04	
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Claim		Date	
Final	Original		

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If more than 150 claims or 9 actions staple additional sheet here